COLONY AND PROTECTORATE OF KENYA

MEDICAL DEPARTMENT ANNUAL REPORT 1942

(Abbreviated)

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ADMINISTRATION

In the Annual Report for 1941, I noted that the chief administrative problems with which we were faced during the year were three, first, how without any increase of medical or health staff to meet ever growing needs for instruction in hygiene and for medical relief, more especially on the part of the African population, second, how to accommodate ever increasing numbers of patients presenting themselves for indoor hospital treatment of which they were obviously in need, and third, how without extra staff and without seriously interfering with other work, to carry out certain special measures against the infection of the Colony with yellow fever.

Some part, though by no means the whole of the third and last of these problems disappeared towards the middle of 1942, when on the completion of one of the major preventive measures which we had undertaken against the infection of the Colony with yellow fever, namely, the inoculation of the whole of the coastal population to the number of about 320,000, three medical officers, a nursing sister and numerous African staff became once again available for ordinary duties. But the first two problems remained with us throughout 1942, and by the middle of the year, though we had had some increase of medical staff and of hospital beds, we were in no better position to meet the needs and demands of the people for medical relief, to engage in preventive or constructive public health work, or to take advantage of new opportunities, than during the previous year; for needs and demands and opportunities, had each continued to increase, and though during 1942 more medical and surgical relief was provided by the department than in the previous year, and probably of a higher standard, the gap between demands and service had not decreased.

Looking back on the record and happenings of the year, the most outstanding fact appears to me to be that the discrepancy between the need and opportunity to provide medical relief and very particularly to engage in preventive and constructive health work and our capacity to meet these needs, to take advantage of these opportunities and to plan to meet the opportunities of the near future, was becoming steadily and notably greater.

This condition of affairs has arisen, or has become accentuated, for it is a continuing process, partly through the fact that many officers are now undoubtedly beginning to feel the strain of heavy and exacting work over a long period without any intervals of leave involving that degree of change of circumstance ordinarily necessary for rest and recuperation, partly, and this is a major reason, because the demands for medical relief are now so great and of such a nature that our staff has ever less time available for preventive or constructive public health work.

Furthermore, as we cannot now often afford to post two medical officers to what used to be two men stations in the larger native reserves, junior officers on arrival have now far less opportunity to receive a period of training in rural health work under more experienced seniors than was formerly the case, and we are, therefore, losing ground, not only in that we are doing less public health work, at least in the rural areas, than formerly, but in that we are training fewer officers to undertake such work in the future.

Again, and here I come to by far the most important cause of the growing discrepancy between the needs of the public for assistance and the opportunity to advance the public health, and our capacity as a department to provide adequate service, not only the needs of the public but the outlook of the public, and therefore the opportunities for service have increased beyond all measure during the past year. For example, owing to its situation, and partly to its climate, the circumstances of war have entailed many and perhaps far more notable changes in Kenya than in neighbouring territories. There has been a large increase in the European urban civil populations consequent on the centralization of many military activities in Kenya, e.g., the collection and distribution of supplies, and latterly in the manufacture and processing of many articles, and particularly foodstuffs, which were formerly imported from overseas. There has also been a large increase in the floating population of visitors on leave from other countries, of refugees, and of European school children from outside the Colony. There have also been notable increases in agricultural production in many areas, both for internal consumption and for export overseas. Almost all of these changes and developments have given rise to new medical and health problems; problems in connexion with housing, town planning, food and factory inspection, and the provision of increased conservancy, sanitary and health services and medical relief.

At the same time there has been taking place in the Colony, just as has been the case in the United Kingdom and elsewhere, a remarkable development of outlook among all communities, official as well as unofficial, among all kinds of bodies and authorities, not only local government authorities, but commercial and professional bodies and associations, among small employers and large employers, and among employees and peasants, with regard to the promotion of the welfare and the improvement of the living conditions of all their neighbours, and very especially of the poorer sections of all communities.

And on every hand attention is now beginning to be given to planning to meet problems arising out of war conditions, or made obvious during war, and directed towards the general improvement of social conditions with a minimum of delay and where possible, now; and the great and apparently remarkably successful large scale experiments of the military authorities in the training of many tens of thousands of Africans in a hundred different fields, and the excellence of the social and environmental conditions under which these experiments have, on the whole, been carried out, have served as an inspiration, not only to those Africans who have been trained, but to the African population in general and not least to all sections and classes of the European community, who in government, or schools or industry, whether agricultural or commercial, are concerned or in contact with African development.

All these changes in circumstances and outlook have resulted and will continue to result in increasing demands being made on the Government Medical Department and on local public health authorities, not only for the extension of services, but for plans for new services and developments, and for advice and information with regard to the health aspects of plans, the formulation and execution of which are the responsibility of other departments.

Some part of this medical and health planning can be carried out by the central staff of the department, but much can only be carried out in the provinces by staff in close touch with every local community and many local authorities. But little will be carried out, however, unless adequate staff unburdened with routine administration is available for the purpose.

Even before the outbreak of war our headquarters staff was much smaller than it had been prior to the economic depression of 1931–32, and was hardly

adequate for the supervision and execution of services then in existence, and these services covered but a part of what is ordinarily recognized as the field of public health activity. During the three years war period 1939–1942, there has been no increase of the headquarters staff and only reduction in the provinces. During these three years there has, however, been a great increase in the volume of routine work, while many new duties of an exceptional nature have had to be undertaken and must still for a time continue to be carried out. But no new ground has been broken, for during the first two years of war it was impossible to contemplate the institution of new social measures, no staff was available or likely to be available, and all were preoccupied with what for the moment seemed to be, and, in most cases were, more urgent matters.

During the past year, however, it has been possible to pay more attention to domestic affairs, the need for a greatly improved general standard of health has become not merely more clearly recognized as in itself desirable, but actually more pressingly urgent, and not only in the interests of the Colony, but in the interests of campaigns and peoples overseas. A standard of health which served, however well, or poorly, the purposes of subsistence in a comparatively isolated territory, will not serve the purposes of to-day when all the surplus of production that can be obtained is urgently required elsewhere.

During the past three years in fact changes have been taking place in the Colony which have been such that many of our circumstances and conditions and problems are now more akin to those pertaining, say in Canada, not so long ago or even to-day, than any that have ever before pertained in Central Africa, and in making this comparison with regard to our problems I have in mind not merely some of our towns and the European farming areas but the complexity of planning and development in the great native reserves, and of providing the services which the African peoples require and could now use.

As a result of all these changes in circumstances and outlook, demands for service and advice were beginning to be made in 1942 on the Medical Department of the Colony by Government departments, by local public health authorities and by members of the public, which in number and kind and novelty, might well have taxed the facilities and knowledge and ingenuity of the Central Health Department of a Dominion. The change is all to the good, but if the demands of to-day and the greater demands of the future are to be met, a much more elaborate organization than has yet existed will be required.

And if medical and health administration is to be efficiently and economically performed, there must be greatly increased facilities for research into many problems of medicine and health and environment, and for the collection and analysis of all statistics having a bearing on health and social problems, and of these, general statistics of production and consumption are not the least vital.

In 1929, in his Autobiography, Lord Haldane, writing of his difficulties in the setting up of a special section of the National Physical Laboratory during the last war, wrote as follows:—

> "The criticism of our procedure has been that it was too slow and that it had taken even less account than was essential of the necessity for scientific foundation. On the latter point I think that we have been until quite recent years defective. Now we are doing better in this respect. But formerly the newspapers and commercial world kept clamouring for action first and reflection afterwards in a way that impeded progress. It is the energy which is directed by close research that in the end gives the most stable and rapid results."

During 1942, the requests for action were many and the time for reflection all too small.

SUMMARY OF POSITION WITH REGARD TO MEDICAL STAFF AT THE CLOSE OF THE YEAR AS COMPARED WITH THE POSITION IN 1941

	On 31st Dec. 1942	On 31st Dec. 1941
Sanctioned Posts (i.e., posts for the filling of which provision has been made in the Sanctioned Estimates of Expenditure)	46	44
Sanctioned posts vacant	5	6
Sanctioned posts filled	41	38
Sanctioned staff	58	53
Seconded to military forces	10	10
Not arrived in Colony, or absent	2	1
Permanent staff available for service in Colony ..	44	43
Officers on temporary engagement	4	4
Total officers available for duty	48	47
Officers in sanctioned posts	41	38
Officers available for other duty	7	9

The disposition of these officers in special posts on the 31st December, 1942, was as follows:—

Seconded as Senior Medical Officer of Health, Nairobi	1
At Nyeri in charge of Italian Refugee Camp	1
As extra M.O., at Native Hospital, Nairobi (surgical duties) ..	1
Extra M.O., General Dispensary, Nairobi	1
Medical Officer, Railway employees and schools, Nairobi	1
Second Medical Officer, Nakuru	1
Medical Officer, Greek Refugee Camp, Makindu	1

The sanctioned posts vacant at the end of 1942, were as follows:—

Medical Officer, Turkana.
Second Medical Officer, Kisii.
Second Medical Officer, Machakos.
Medical Officer, Kitui.
Medical Officer, Beef measles campaign.

PROVISION OF NEW SERVICES

The only new service of importance which was inaugurated during the year was that provided by the opening of a Rehabilitation Centre for the treatment and rehabilitation of African soldiers, pioneers and labourers injured in the war and discharged from the army as unfit for further military service. Disabled African soldiers are admitted to this Centre irrespective of their territory of origin. The Centre has at present accommodation for forty Africans and accommodation for another twenty will shortly be provided. Civilians as well as military patients are admitted for treatment and, if accommodation is available, from any African territory.

PUBLIC HEALTH

Judged by the epidemic occurrence of diseases such as smallpox, plague, cerebro-spinal meningitis and sleeping sickness, the record of 1942, as compared with that of the previous year and having regard to conditions in neighbouring territories, was not unsatisfactory. No case of smallpox occurred in the Colony. The plague epidemic of 1941, in the capital town of Nairobi faded out during

1942. There was a somewhat higher incidence of cerebro-spinal meningitis than in 1941—516 cases as against 337 in the preceding year—but having regard to the facts that this disease was epidemic in Tanganyika during the year and troop movements were many, the record is not unsatisfactory. With regard to another disease we were also fortunate. During the year there occurred in Uganda, just across our north-western border, an epidemic of sleeping sickness, of a magnitude such as had not been experienced in the basin of the Victoria Nyanza for many years past, and, it would seem, of a character unusual in other respects. This outbreak occasioned no small measure of anxiety in Kenya, but the epidemic remained for all practical purposes localized in Uganda.

With regard to the venereal diseases, the position is that once again there is no evidence of any notable increase such as we might have expected in time of war. The reasons for this relatively satisfactory state of affairs are, I think, two in number. In the first place it would seem that the African labourer and the African soldier, or perhaps the East African labourer and soldier, are much more continent or less promiscuous than they were thought to be, and in the second place, the care and trouble which have been taken by the military authorities both lay and medical to reduce the incidence of venereal disease to a minimum, and to ensure the non-infectivity of the soldier returning to his home on leave, or on discharge, have been very great. To the Municipal Council of Nairobi also much credit is due for the interest which they have taken in the prevention and treatment of cases of venereal disease. In April the Council appointed a whole-time woman Venereal Disease Medical Officer and greatly extended the facilities for the treatment and follow up of cases among women at the municipal clinics.

The position with regard to venereal disease can only, however, be regarded as satisfactory in relation to what might have been expected. It is far from being absolutely satisfactory. Much further extension of facilities for treatment in most urban areas is still required, but this will not be possible till the man and woman power position in regard to doctors and nurses has improved. Of far greater importance, however, is the provision of new housing for Africans in urban areas on a great scale and of a type and at rentals likely to encourage family life. This aspect of the question has not been overlooked either by Government or by local public health authorities, and during the year very notable progress has been made with regard to some important aspects of the initial stages of planning in this respect.

As regards the actual average standard of the public health as measured by the physical fitness of the population of the Colony as a whole no data are available to indicate whether there has been improvement or regression. Most certainly there is none indicating that there has been any radical change. We can, however, say that judging from what we know of dietaries of the African peoples in the majority of the agricultural areas whether European or African, and of the African populations in urban areas, and from what we know of the availability and prices of the protective foodstuffs, such as meat, milk, butter, ghee, fresh vegetables and fruits, and from what we know of the skill and economic position of the peasant, and from the results of inquiries carried out during the year with regard to the wages of labourers in urban areas, it would be surprising indeed if the nutritional state of the African population were high. That in fact it is not high, and that undernourishment and malnutrition are widespread and directly or indirectly, the cause of much unfitness and ill health is clearly indicated by the results of every physical or nutritional survey of these people which has so far been carried out. That great improvement in health, in physical condition, in physical capacity, and in resistance to disease, can be obtained among Africans of almost every tribe by the provision of an adequate and well balanced diet has been amply indicated by the results which in the army have followed the provision of such a diet during these three years of war to the African soldier.

The Incidence of Some of the More Important Diseases

Smallpox.—No case occurred.

Plague.—754 cases were reported as against 781 in the previous year.

Cerebro-spinal meningitis.—516 cases were reported as against 357 in the preceding year.

Malaria.—56,542 cases were treated as against 66,961 in the preceding year.

Yellow Fever.—One case occurred. This was the first case ever recorded as having occurred in the Colony and further details are given later in this Report under the heading "Prevention of Yellow Fever".

Tuberculosis.—1,938 cases were treated as against 1,859 in the preceding year.

Pneumonia.—8,152 cases of lobar and broncho pneumonia were treated as against 7,498 in the preceding year. The hospital mortality rate was 8.3 per cent as against 7.5 per cent in 1941, and 9.4 per cent in 1940.

Helminthic Diseases.—48,525 cases were treated as against 57,189 in the preceding year. The drop in the numbers treated was probably again due to the fact that drugs such as malefern and carbon-tetrachloride are still in very short supply.

Venereal Diseases.—13,777 cases of syphilis were treated as against 12,548 in the preceding year, while the figures for cases of gonorrhœa were 6,481 and 6,620 respectively.

VITAL STATISTICS

The estimated population of the Colony for the years, 1940, 1941 and 1942, was as follows:—

	1940	1941	1942
Europeans	22,808	26,692	28,997
Asians	45,195	44,126	47,016
Goans	3,702	4,037	4,529
Arabs and Others	17,276	18,121	18,900
Africans	3,413,371	3,447,706	3,455,000

The above figures are exclusive of military personnel not of local origin.

HYGIENE AND SANITATION

So far as possible, work was carried on as usual in the native reserves. There is no question, however, but that we are in no position to take full advantage of great opportunities which are now presenting themselves. The opportunities arise partly out of the gradual improvement of African skill in a number of fields, partly out of the increase of available cash resulting from the sale of produce and the receipt of family remittances from Africans in the military forces. With the return of peace and the demobilization of African soldiers who have seen more developed countries than Kenya, who have for several years been receiving a balanced dietary for the first time, and who have been trained in many trades, the opportunities for inducing environmental change in regard to housing, cooking and feeding, production and trading conditions, should be even greater. Our present disabilities are that owing to the man power position our available staff of health inspectors is small, and our medical officers are too preoccupied with clinical work to give much time to preventive and constructive public health work or to planning for the future, and in most districts where there were once two

medical officers there is now only one. During the year, with a view to remedying these matters to some degree in both the native reserves and the settled areas, arrangments were made for the posting of a Senior Medical Officer in 1943, to each of two of the larger provinces in which no such appointment had so far been made. The provinces concerned were the Central Province, comprising chiefly native reserve districts, and the Rift Valley Province, comprising chiefly European farming districts. These officers will not be required to take immediate charge of any medical institutions, and will be in effect Provincial Senior Medical Officers of Health, exercising supervision over all medical and health staff and institutions in their provinces and charged with the duties of making the best of what staff is available, of representing the medical and health needs of their provinces to Medical Headquarters, and, in co-operation with other provincial staff, of working out plans and programmes designed to meet these needs. During 1942, it became ever clearer that without the provision of senior provincial officers relieved of executive routine, and given time and opportunity and means to travel and to inspect their provinces and to discuss in detail with all local authorities and with members of the public the needs of the provinces both present and future, both many needs and many opportunities were bound to be overlooked, or if noticed, to remain unmet.

In the urban areas and especially in Nairobi and Mombasa the local authorities have been faced with many difficulties during the year arising chiefly out of the continued great lack of suitable housing, the presence of large military populations, the need to extend sanitary services at a time when both staff and plant were hard to come by, and the development of small food processing factories. In the circumstances the Municipal Council of Nairobi and Board of Mombasa have each done remarkable work.

In Nairobi the amount of consideration which has been given by the Municipal Council to the improvement of social and health conditions, to problems of African welfare, and particularly to the provision of new housing for the African population has been very great, and a certain number of very well planned family houses for Africans have been erected by the Council which represent a very great advance on any previous schemes and an important social experiment which will be of the greatest value to the designers of the much larger schemes which the Council now has in view.

Not the least of the difficulties with which the Municipal Authorities in Mombasa, and, very especially, in Nairobi, have been faced during the year in endeavouring to cope with many problems arising out of day to day developments have been occasioned by lack of sufficient progress in recent years with regard to the planning or replanning of these towns and of the extra-municipal and suburban areas. With regard to Nairobi and its relation to suburban areas, a Town Planning Panel comprising Councillors, Government and Railway representatives, was appointed towards the end of the year and there is no question but that the problems which it will require to consider are of immediate and very outstanding importance.

THE PREVENTION OF MALARIA

Urban Malaria

Routine preventive measures were carried out on a larger or smaller scale in most townships. The largest organizations for the prevention of malaria are in Kisumu, Nairobi and Mombasa. In Nairobi the work was carried out as for two years past by a military unit working in co-operation with the Council staff. It will be of importance that the Council should arrange for the provision of an adequate civil staff to take over this work in due course.

Rural Malaria

The most important feature of the year was the occurrence of a considerable outbreak of malaria in epidemic form in part of the higher country of the Masai Reserve, in the adjoining high country of the Kericho District and in the Kisii highlands. So far as we are aware this is the first occasion on which malaria has occurred in this part of Masailand and it probably represented an extension of the spread of malaria from the lower and hyperendemic area of the basin of the Victoria Nyanza into the surrounding highlands, which would seem to have been going on for some years past. It is not improbable that, if staff could be detailed for the investigation of the causes of this spread into these highland areas, measures could be devised, not only to prevent further spread, but to clear the recently infected areas of the disease. The matter is one of major importance and proposals for dealing with it will be submitted to Government during 1943.

PREVENTION OF YELLOW FEVER

It may be well in this report shortly to outline the growth and results of our efforts in connexion with the prevention of yellow fever, since during the past two years Government has placed at my disposal for the execution of yellow fever prevention measures extraordinary funds to the amount of £25,424, while during the same period members of the regular medical department staff, whose total salaries amounted to several thousands of pounds per annum, have been seconded for varying periods for special anti-yellow fever duties, and the Railway Administration and several local government health authorities have spent many thousands of pounds on yellow fever prevention measures. In addition we have received many thousands of pounds worth of yellow fever vaccine from the Rockefeller Foundation free of all charges. It may be well to do so now because though in May, 1942, a fatal case of yellow fever occurred in the Colony, which, if not the fisrt case to occur in the territory, was the first to be recognized as yellow fever, and to be reported as such to the world at large, *no quarantine restrictions of any kind were imposed on shipping originating in the Colony by any neighbouring Governments or by the Government of India or other Governments overseas, and no interference with trade or commerce, and no monetary loss was incurred by either Government or the commercial or shipping communities in consequence of the occurrence.*

During 1936–37 an intensive mosquito survey of Mombasa Island and the neighbouring mainland was carried out, primarily to provide data on which to base malaria control, but embracing all mosquitoes including *Aedes aegypti,* which then, so far at least as Africa was concerned, was thought to be the only species of mosquito capable of transmitting yellow fever. Control of domestic mosquitoes in Mombasa was commenced in a systematic fashion in May, 1939, with a special staff and on "Rockefeller-Brazilian" lines. By November, 1940, when we first received a report of the occurrence of the great epidemic of yellow fever in the Nuba Mountains area of the Sudan, much had been done and much experience gained.

Within almost a few days of the receipt of the report of the Sudan outbreak arrangements were made at the instance of the Government of Kenya for the convention of a Yellow Fever Conference at Nairobi at which the representation was all but pan-African. The conference met early in Dceember, 1940, and reported within a few days. The chief recommendations of the conference were to the effect that an endeavour should be made to rid all ports and all inland towns and all railway stations in Eastern Africa of *Aedes aegypti,* that steam vessels and dhows should be subject to rigorous inspection for mosquitoes, and that the population of the coast of Kenya which extends for some 300 miles should be inoculated against yellow fever. The Government of Kenya at once arranged for a sum of £13,000 to be made available for preventive measures in 1941. For 1942, the sum of £12,424 was subsequently made available.

Every endeavour was made by the Medical Department of Kenya to give effect to the recommendations of the conference and by the beginning of 1942 mosquito control organizations were in operation involving inspections, mostly weekly, in 134 towns, townships and stations on the railway line running through Kenya from Mombasa on the coast to the Uganda border, and in 26 towns and trading centres and other areas not on the railway. It may be noted here that at the end of December, 1942, only twelve of these places were recorded as breeding *Aedes aegypti*, and of these twelve places only three places had an index figure higher than one.

Special staff was appointed to Mombasa for the inspection of ships and dhows with regard to mosquito breeding and harbourage in 1941 and operated throughout 1942.

The inoculation of the rural and urban populations of the coast of Kenya was commenced in April, 1941, and was completed in May, 1942. The number of persons inoculated in the coastal areas alone was over 320,000, and it is estimated that this represented well over 90 per cent of the rural and urban population along our 300 miles of coast.

On the 15th of May, 1942, just prior to the completion of the great inoculation campaign on the coast, an African woman died in the Native Hospital at Kitale, a small township in a European farming district lying in the extreme north-western corner of the Colony, about fifteen miles from the Uganda border and about 500 miles from Mombasa. Kitale is situated at the terminus of a branch line of the Kenya and Uganda Railway. The patient had presented signs and symptoms suggestive of yellow fever and a liver specimen was sent to the Yellow Fever Research Institute at Entebbe in Uganda. A positive report was received. This was the first case of yellow fever ever to be recorded in Kenya. The patient had not been out of Kitale for some months before her death and it is presumed that she acquired the infection in or in the immediate neighbourhood of the township. The *Aedes aegypti* index of Kitale at the time was 0.16 and it is unlikely that *Aedes aegypti* was concerned in the transmission of the infection in this case. The case was very fully investigated with the assistance of staff from the Yellow Fever Research Institute at Entebbe, but the source of infection still remains obscure. No further cases were recorded from this or any other area of the Colony during the remainder of the year.

There is little doubt that had the yellow fever preventive measures which I have described above as having been instituted in 1941 and continued throughout 1942 not been in operation, and had it not been well known by the Indian, South African and other Governments, that the Government of Kenya had made large sums available for their execution, and that the Medical Department had expert entomological staff at its disposal, these Governments would have imposed quarantine restrictions on travellers and shipping from Kenya ports which would have caused the greatest inconvenience to many thousands of travellers from Kenya, a direct monetary loss to the shipping companies, and an indirect monetary loss to the Government of Kenya, far exceeding any sums which we have expended on preventive measures.

PORT HEALTH ADMINISTRATION

Sea Ports.—No vessel arrived at Mombasa during the year in an "infected" condition.

Air Ports.—The most important air port in Kenya from the point of view of the prevention of the introduction of the infection of yellow fever into the Colony or through the Colony to some other territory is the air port at Kisumu, where almost all aircraft travelling from or through endemic yellow fever areas, make their first landing in Kenya.

The average *Aedes* index for the town of Kisumu during 1942 was 0.002, the highest being 0.06.

Passenger-carrying aircraft are without exception met on arrival and almost without exception inspected by the Medical Officer of Health and disinfested under his supervision. They are disinfested again immediately before departure. Any passenger from the north or west, with the exception of passengers originating in Uganda, not in possession of a valid certificate of inoculation is subjected to detention in quarantine under wire for the necessary period.

Twelve civil and five military passengers were so detained during the year.

MATERNITY AND CHILD WELFARE (AFRICAN)

The comparative figures of maternity cases for the past three years are as follows:—

	1940	1941	1942
At centres established in connexion with Government Hospitals with the help of Local Native Councils and at Government Hospitals	3,102	3,597	3,971
At the Lady Grigg Maternity Centres, Nairobi and Mombasa	1,031	1,608	1,866
At Mission Hospitals	1,181	1,783	2,289
	5,314	6,988	8,126

WORK DONE AT HOSPITALS, DISPENSARIES, OUT-DISPENSARIES, VENEREAL CLINICS AND THE MENTAL HOSPITAL

	European		Asiatic and African	
	In-patients	Out-patients	In-patients	Out-patients
1940	2,511	5,492	72,520	500,832
1941	2,884	5,823	78,258	559,658
1942	2,718	6,074	80,191	535,865

In addition 727,950 first attendances and 460,512 re-attendances were recorded at out-dispensaries.

SURGERY

The table of operations performed throughout the Colony is as follows:—

	1940	1941	1942
On Europeans	745	868	792
On Asians	846	951	1,068
On Africans	16,287	15,366	17,296
Totals ..	17,878	17,185	19,156

MATHARI MENTAL HOSPITAL

All Races

	1941	1942
Admissions	167	206
Discharges	133	161
Deaths	9	41

Of the cases admitted during 1942, eighteen Europeans, one Asian and thirty-three Africans were military patients.

LABORATORIES

Throughout the year a large amount of work was done for the military authorities in addition to ordinary civil work.

The numbers of examinations of specimens of various kinds carried out at the Nairobi and Mombasa Laboratories, during the last three years were as follows:—

1940	..	107,622
1941	..	120,498
1942	..	114,569

TRAINING OF LOCAL MEDICAL PERSONNEL

The training of African Hospital Assistants, Compounders and Laboratory Assistants was carried out as usual and in addition the training of African Masseurs was commenced at the Rehabilitation Centre for disabled African soldiers at Nairobi.

FINANCE

The sanctioned estimates of expenditure for the Medical Department for the years 1939, 1940, 1941 and 1942 were as follows:—

	Ordinary	Extraordinary	Total
	£	£	£
1939	223,752	8,310	232,062
1940	233,421	645	234,006
1941	252,212	13,125	245,337
1942	261,227	15,630	276,857

TABLE SHOWING THE MAIN CAUSES OF MORBIDITY IN RELATION TO IN-PATIENTS AND OUT-PATIENTS AT HOSPITALS AND DISPENSARIES

	1940	1941	1942
TOTAL INCIDENCE	581,395	646,623	624,848
	Per cent	*Per cent*	*Per cent*
Epidemics, etc.	23·4	21·2	20·4
Diarrhoea and Enteritis	1·7	1·6	2·0
Caries and Pyorrhoea	1·8	1·7	2·1
Ankylostomiasis	0·5	0·4	0·3
Other Diseases of Digestive System	19·8	18·5	17·8
Pneumonia	0·9	1·2	1·4
Bronchitis	9·2	10·0	11·5
Other Diseases of Respiratory System ..	4·9	4·4	5·3
Organs of Vision	3·6	3·8	3·5
Ear and Mastoid	1·4	1·5	1·5
Other Diseases, Nervous System	1·3	1·0	2·9
Circulatory System	0·3	0·3	0·4
Genito Urinary System	0·8	1·0	1·0
Ulcers	5·8	7·4	6·4
Scabies	1·8	1·7	2·4
Other Diseases, Skin and Cellular Tissues ..	3·6	3·7	4·0
Bones and Organs of Locomotion	3·7	2·9	0·9
External Causes..	11·3	11·2	11·0
General Diseases	2·2	2·5	2·5
Ill-defined and Other Diseases	2·0	4·0	2·7

A. R. PATERSON,
Director of Medical Services.

24th August, 1943.